



U.S. Senator Jim Webb Page Program Application

Before applying please note:

Requirements for Selection:

- Senate Pages must be sponsored by a Senator.
- Pages must be citizens of the United States or subject to agreements of the Department of State, and must have a social security number.
- Page eligibility is limited to juniors in high school who will be 16 or 17 years old on or before the date of appointment. Summer Page eligibility is limited to students who have completed the sophomore year and have not begun the senior year of high school and who will be 16 or 17 years old on or before the date of appointment.
- Pages must verify a minimum grade point average of 3.0 on a home school transcript and a certification of immunization to qualify for attendance at the school.
- A general health assessment completed by a licensed physician is required, in addition to a certification of immunization.
- Pages are required to be covered by health insurance; if not covered, they will be required to enroll in the Federal Employees Health Benefits Program.

Application Process:

Senator Webb requests a page slot for each session of the school year, but is granted them inconsistently. Should Senator Webb be granted a page slot, applicants that are eligible at the time with complete applications received by our office will be considered for selection of that page slot.



Instructions:

- Please completely fill out the application below.
- Please submit a cover letter (no longer than 400 words) explaining your interest in the internship program and how it would help you achieve your academic or career goals.
- An official transcript and two letters of recommendation must be attached to this application.
- Return signed application, cover letter, transcript, and recommendations to:

E-Mail: kathy_wilmoth@webb.senate.gov

Mail: U.S. Senator Jim Webb
United State Senate
Washington, DC 20510
Attn: Intern Coordinator

Fax: (202) 228-6363
Attn: Intern Coordinator

For questions about applying please contact Kathy Wilmoth at (202)-224-6899.



Name: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone #: _____

High School Name: _____

High School City: _____ **High School State:** _____

Year in School: _____

GPA: _____

Date of Birth: _____

Activities: _____

Employment History (If any):

Employer	Position/Type of Work	Dates

Signature: _____

Date: _____